APPENDIX E

REQUESTING FORMS

Refer to the following list for information on where to obtain forms.

	<u>Form</u>	Call or Copy
	ADA Dental Claim Form	ADA, 1-800-947-4746
*	Adult Care Home Personal Care Services Physician Authorization and Plan of Care (DMA-3050R)	EDS, 1-800-688-6696
*	Carolina ACCESS Medical Exemption Request (DMA-9002)	See page 4-36
*	Carolina ACCESS Override Request	See page 4-35
	Carolina ACCESS Patient Admission Agreement/Formal Arrangement Form	See page 4-29
*	Carolina ACCESS Provider Information Change Form	See page 3-17
*	CMS-1500 Claim Form	Office Supply Store
*	Electronic Funds Transfer (EFT) Authorization Agreement	See page 10-7
*	Fee Schedule Request	See page 3-14
*	Health Department Health Check Agreement	See page 4-27
*	Health Insurance Information Referral (DMA-2057)	See page 7-11
*	Health Insurance Premium Payment (HIPP) Application	See page 7-13
*	Medicaid Claim Adjustment Form	See page 8-12
*	Medicaid Credit Balance Report	See page 7-14
*	Medicaid Resolution Inquiry	See page 8-14
*	Medical Record Release Form (for WIC Exchange of Information forms)	See page 4-34
*	Medical Transportation Assistance Notice of Rights (DMA-5046)	EDS, 1-800-688-6696
*	Medicare Crossover Reference Request	See page 5-31
*	Medicaid Provider Change Form	See page 3-15
*	Personal Care Services Physician Authorization and Plan of Care (DMA-3000)	EDS, 1-800-688-6696
*	Personal Care Services-Plus (PCS-Plus) Request Form (DMA 3000-A)	EDS, 1-800-688-6696
*	Pharmacy Adjustment Request	See page 8-13
*	Pharmacy Claim Form	EDS, 1-800-688-6696

^{*} Indicates the form is available on DMA's website at http://www.dhhs.state.nc.us/dma/forms.html

APPENDIX E

	<u>Form</u>	Call or Copy
	Prior Approval Forms	
	Certificate of Medical Necessity and Prior Approval Form (for DME)	EDS, 1-800-688-6696
	FL2 Long-Term Care Services Form (372-124)	EDS, 1-800-688-6696
	Request for Prior Approval N.C. Medicaid Program Form (372-118)	EDS, 1-800-688-6696
	MR2 Mental Retardation Services Form (372-123)	EDS, 1-800-688-6696
	Prior Approval for Psychiatric Inpatient Services	ValueOptions,
		1-888-510-1150
	Supplement to Dental Prior Approval (DMA-6022)	EDS, 1-800-688-6696
	Visual Aids Prior Approval Form (372-017)	EDS, 1-800-688-6696
*	Provider Certification for Signature on File	See page 5-30
*	Provider Visit Request	EDS, 1-800-688-6696
	Referral for Diagnosis and Treatment	EDS, 1-800-688-6696
*	Six Prescription Limit Override Form (DMA-3098)	See page 6-9
	Sterilization Consent Form	EDS, 1-800-688-6696
	Trading Partner Agreement	EDS, 1-800-688-6696
*	Third Party Recovery Accident Information Report (DMA-2043)	See page 7-12
	UB-92 Claim Form	Office Supply Store
	Utilization Review Report – Long-Term Care - FL12	EDS, 1-800-688-6696
*	WIC Exchange of Information Form for Infants and Children	See page 4-33
*	WIC Exchange of Information Form for Women	See page 4-32

^{*} Indicates the form is available on DMA's website at http://www.dhhs.state.nc.us/dma/forms.html